NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: _____ 9/ 491 549 _____

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	-	Total
					Sm. Entry	Lg. Entry		
Basic Filing Fee	201/101				___	690 .		690
Total Claims >20	203/103	31	-20 = 11	X	___	198 .		198
Independent Claims >3	202/102	6	-3 = 3	X	___	234 .		234
Multi Dep Claim Present	204/104				___	.		
Surcharge	205/105				___	130 .		130
English Translation	139							___

<u>TOTAL FEE CALCULATION</u>   1054

Fees due upon filing the application

Total Filing Fees Due = $ _____ 1054.00 _____

Less Filing Fees Submitted   . $ _____

BALANCE DUE   = $ _____ 1054.00 _____

_____
Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	31 minus 20=	* 11
INDEPENDENT CLAIMS	6 minus 3 =	* 3
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
	345.00	OR		690.00
X$ 9=		OR	X$18=	198
X39=		OR	X78=	234
+130=		OR	+260=	
TOTAL		OR	TOTAL	1022

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 32	Minus	** 31	= 1
Independent	* 3	Minus	*** 6	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				✓

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X$ 9=		X$18=	18
X39=	OR	X78=	0
+130=	OR	+260=	0
TOTAL ADDIT. FEE	OR	TOTAL ADDIT. FEE	1800

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 22	Minus	** 32	=
Independent	* 2	Minus	*** 6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 16	Minus	** 32	=
Independent	* 2	Minus	*** 6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.